



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EARLY CHILDHOOD EDUCATION SECTION, P.O. 480, JEFFERSON CITY, MO 65102-0480
**APPLICATION FOR AGENCY AND PROGRAM APPROVAL UNDER THE
EARLY CHILDHOOD DEVELOPMENT ACT (ECEA) SENATE BILL 658**
FOR PROGRAM YEAR ENDING MAY 15TH

SECTION I – PROGRAM INFORMATION

LEGAL NAME OF AGENCY		NAME AND TITLE OF CHIEF ADMINISTRATIVE OFFICER	
NAME AND TITLE OF CONTACT PERSON		MAILING ADDRESS	TELEPHONE
	COUNTY-DIST. CODE	LEA(S) SERVED (NAME OF SCHOOL DISTRICT(S))	
SCREENING (6 months - 3)			
PARENT ED. (P - 3)			
SCREENING (3 - 5)			
PARENT ED. (3 - 5)			

STATEMENT OF ASSURANCE

I VERIFY THAT THE INFORMATION CONTAINED IN THE REPORT IS TRUE AND CORRECT, AND CERTIFY THAT THIS AGENCY WILL COMPLY WITH THE PROVISIONS OF SECTIONS 178.691-699 RSMo (REVISED) AND MO RULE 5 CSR 50-270.040 (REVISED) AND THE PROGRAM GUIDELINES AND ADMINISTRATIVE MANUAL FOR EACH SERVICE THAT WILL BE PROVIDED THROUGH FUNDS SET ASIDE FOR THIS ACT.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

CHECK THE CATEGORY WHICH APPLIES TO THIS AGENCY AND FILL IN THE REQUESTED INFORMATION.

PUBLIC	PRIVATE-NOT-FOR-PROFIT
<p>1. Is this Agency supported primarily through tax dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is this Agency under the control of a publicly elected or appointed board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the name of the board is: _____</p> <p>3. How long has the Agency been in existence? _____ years</p> <p>4. Briefly list credentials the employees of this Agency have that relate to preschool screening and/or parent education services? _____ _____ _____</p> <p>5. Have preschool screening and/or parent education services been offered in the past by this Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, briefly describe the length and type of service offered. _____ _____ _____</p>	<p>1. List corporation date and number. Corporation date _____ Number _____</p> <p>2. Is this Agency under the control of a board of directors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is this board secular, neutral and non-ideological?</p> <p>3. Is this Agency in good standing with the Missouri Office of the Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. How long has the Agency been in existence? _____ years</p> <p>5. Briefly list credentials the employees of this Agency have that relate to preschool screening and/or parent education services? _____ _____ _____</p> <p>6. Have preschool screening and/or parent education services been offered in the past by this Agency?</p> <p>If yes, briefly describe the length and type of service offered. _____ _____ _____</p>

SIGNATURE (AUTHORIZED DESE OFFICIAL)

DATE